## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/02/2014 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT KENDALLVILLE    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY NUTS EFFERCEDED BY FULL TAGE)   PREFIX TAGE    TAGE    (FO00)   INITIAL COMMENTS   Paper compliance to the recertification and state licensure survey completed on November 14, 2014.   Review date: December 1, 2014.   Facility number: 000402 Provider number: 156392 AlM number: 100288120   Surveyor: Randall Fry RN     Hickory Creek at Kendaliville was found to be in compliance with 42 CFR Part 483, subpart B and 410 LAC 162 in regard to the paper compliance review to the recertification and state license survey.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT KENDALLVILLE  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)  PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)  (FO00) INITIAL COMMENTS  Paper compliance to the recertification and state licensure survey completed on November 14, 2014.  Review date: December 1, 2014.  Facility number: 100288120  Surveyor: Randall Fry RN  Hickory Creek at Kendallville was found to be in compliance with 42 CFR Part 483, subpart B and 410 IAC 16.2 in regard to the paper compliance review to the recertification and state licensue  STREET ADDRESS, CITY, STATE, ZIP CODE  1433 S MAIN ST  KENDALLVILLE, IN 46755  PREFIX (EACH CORRECTION SHOULD BE COMPL  PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  PREFIX (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  PREFIX (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  PREFIX (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  PREFIX (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  PREFIX (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  PREFIX (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  PREFIX (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  PREFIX (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY  PREFIX (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY  PREFIX (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY  PREFIX (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY  PREFIX (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY  PROFIT TAGE  1433 S MAIN ST  KENDALLVILLE, IN 46755  PROVIDED TO THE APPROPRIATE DEFICIENCY  PROFIT TAGE  1433 S MAIN ST  KENDALLVILLE, IN 46755  PROVIDED TO THE APPROPRIATE DEFICIENCY  PROFIT TAGE  1433 S MAIN ST  KENDALLVILLE, IN 46755  PROVIDED TO THE APPROPR			155392		<del></del>		1	
FRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  {F 000} INITIAL COMMENTS  Paper compliance to the recertification and state licensure survey completed on November 14, 2014.  Review date: December 1, 2014.  Facility number: 000402 Provider number: 155392 AIM number: 100288120  Surveyor: Randall Fry RN  Hickory Creek at Kendallville was found to be in compliance with 42 CFR Part 483, subpart B and 410 IAC 16.2 in regard to the paper compliance review to the recertification and state license	NAME OF PROVIDER OR SUPPLIER				1433 S MAIN ST	<u>  121</u>	01/2014	
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		compliance with 42 C 410 IAC 16.2 in regar review to the recertific	FR Part 483, subpart B and rd to the paper compliance					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.